

Please complete this form and return with the appropriate deposit (non-refundable, non-transferable) see below. Mail to: Camp Twin Lakes; 204 E. Little Elm Trl, Cedar Park, TX 78613 or bring to any Williamson County YMCA branch. For questions regarding Camp Twin Lakes please call 512-250-9622.

| CAMPER | | | | |
|---|---------------|----------------|-------------|----------------|
| Camper's first name | | Middle initial | Last name | |
| Gender <input type="checkbox"/> boy <input type="checkbox"/> girl | Date of birth | Grade in fall | Age at camp | |
| Camper's address | | | City | State ZIP code |

| PARENT / GUARDIAN | | |
|----------------------------|-----------|------------|
| Parent/guardian name | | Email |
| Home phone | Day phone | Cell phone |
| Other parent/guardian name | | Email |
| Home phone | Day phone | Cell phone |

| AUTHORIZED PICKUPS | | |
|---|-------|-----------------|
| Local person to call in case of emergency if parent/guardian cannot be reached (authorized to release child to) | | |
| Name | Phone | Alternate phone |
| In addition; I hereby authorize the Y staff to allow my child to be released to the following persons: | | |
| Name | Phone | Alternate phone |
| Name | Phone | Alternate phone |
| Name | Phone | Alternate phone |

| CABIN MATE REQUEST |
|--------------------|
| Name |

One request per camper, please. Cabin mate requests must appear on both campers registrations and both campers must be in the same age grouping. Requests are not guaranteed. We reserve the right to separate groups of more than 3 campers to facilitate new group/cabin friendships. Cabins are grouped in Villages by age, so campers of the same age but not sharing the same cabin are in the same Village.

| OVERNIGHT SESSION INFO (Full week • Sunday thru Saturday) | |
|--|---|
| Choose session(s): <input type="checkbox"/> week 2: June 9 – 15 <input type="checkbox"/> week 3: June 16 – 22 <input type="checkbox"/> week 4: June 23 – 29 <input type="checkbox"/> week 6: July 7 – 13 <input type="checkbox"/> week 7: July 14 – 20 <input type="checkbox"/> week 8: July 21 – 27 <input type="checkbox"/> \$65 Weekend Stay over (Between consecutive sessions) | Choose fee: Y Members <input type="checkbox"/> \$674 Non-Members <input type="checkbox"/> \$749 Sibling Bonus (eligible for each camper after the first) <input type="checkbox"/> \$50 off camp fee Multi-session Bonus (eligible for each full session after the first) <input type="checkbox"/> \$50 off camp fee |

| MINI OVERNIGHT SESSION INFO |
|---|
| INCLUDES DAY CAMP TO COMPLETE THE SESSION (No weekend stay over option) |
| Choose Date: <input type="checkbox"/> week 1: June 5 – 7 <input type="checkbox"/> week 5: June 30 – July 2 <input type="checkbox"/> week 5: July 5 – 6 |
| Choose Fee: Y Members <input type="checkbox"/> \$384 Non-Members <input type="checkbox"/> \$408 |

| | |
|---|--|
| Fee: (from overnight and/or mini session) | |
| Trading Post Account: (optional/\$20 to \$30 recommended per session) | |
| TOTAL | |
| Less Bonus or Coupon | |
| Less amount to be paid today | |
| Balance Due (to be paid in full two weeks prior to camp) | |

| | |
|--------------------|----------|
| YMCA Member Branch | Location |
|--------------------|----------|

| |
|----------------------|
| CAMPER REFERRAL NAME |
|----------------------|

Registration requires a Minimum Deposit which is a part of the Camp Fee. \$100 per week, NON-REFUNDABLE. MINIMUM DEPOSIT ONLY \$50 THROUGH MARCH 24.

 **PAYMENT PLAN AVAILABLE**
Contact us at 512-615-7430

| | | |
|---------------------|----------------|-----------|
| Camper's First name | Middle initial | Last name |
|---------------------|----------------|-----------|

REGISTRATION PACKET PG. 2 of 3

PARENT / GUARDIAN ACKNOWLEDGEMENTS

please INITIAL all lines to indicate received written policies / materials and agree to terms.

- ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.
- Permission for Transportation (REQUIRED):** I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.
- Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
- Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.
- Policy Agreement (REQUIRED)** I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.
- Refund / Transfer Policy Agreement (REQUIRED):** A \$10 processing fee will be applied for all drops or transfers for each child.
- Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Signature of parent / guardian

DISCIPLINE & GUIDANCE POLICY

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time

| | | |
|--|--------------|------|
| Parent / Guardian Acknowledgement My signature verifies that I have read and received a copy of this discipline and guidance policy. | | |
| <input type="checkbox"/> Signature of parent / guardian | Printed name | Date |

TO PARENT OR GUARDIAN

TO PARENT OR GUARDIAN: Please check the registration information for accuracy. Please read the following statement and sign at the point indicated below. "Admission as a camper to Camp Twin Lakes carries many privileges and responsibilities. Campers are expected to participate in the total life of camp: to work, play and live together. Camp Administration does not allow the use of tobacco, alcohol, illegal drugs or weapons. Registration application signifies my understanding and acceptance of these responsibilities – violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect work with other campers or their enjoyment of Camp Twin Lakes, **CAMP ADMINISTRATION RESERVES THE RIGHT TO DISMISS THOSE CAMPERS RESPONSIBLE, WITHOUT A REFUND.** In the event of the withdrawal or dismissal from camp for any other reason than illness requiring the attention of a physician, I will pay the camp fee in full. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administrator to hospitalize, secure proper treatment of, and to order injection, anesthesia or surgery for my child as named above. I will notify the Camp Director if my child has any serious restrictions related to his/her participation in the camp program. I also understand that the YMCA of Greater Williamson County and its Camping Services Branch assume no responsibility for accidental injury to my child during his/her stay at the camps."

Signature of parent / guardian

PARENT-CAMPER CONFIDENTIAL FORM

| CAMPER | | | |
|--------------------|-----|-----------------|--------|
| Camper's name | | Nickname | |
| Date of birth | Age | Grade next fall | School |
| Number of siblings | | Age of siblings | |

QUESTIONS

Has child been away from home before? yes no

Things the camper likes to do:

| | | |
|--|--|--|
| | | |
|--|--|--|

Please list 3 reasons your child wants to attend camp:

- 1.
- 2.
- 3.

Are there any problems, which may confront your child (homesickness, moodiness, sleepwalking, anxiety, and bedwetting)?

How does your child get along with others?

Are parents: together divorced separated widowed

With whom is the camper living?

In custody cases, is there anyone who may not pick up your child?

Where will you/spouse be during your child's stay at camp and include phone numbers?

Additional Information: What else should we know about your camper?

PAYMENT SECTION PG. 3 of 3

YMCA OF GREATER WILLIAMSON COUNTY SUMMER CAMP AGREEMENT ACH/CC/DEBIT AUTOMATIC PAYMENT OPTION

1. INFO

| | | | | | | | | | |
|---------------------|--|--|----------------|--|--|------------|--|-------|----------|
| Camper's first name | | | Middle initial | | | Last name | | | |
| Camper's address | | | | | | City | | State | ZIP code |
| Home phone | | | Day phone | | | Cell phone | | | |

2. BEGIN DRAFT DATE

| | | |
|------------------|---|---|
| Begin draft date | / | / |
|------------------|---|---|

3. DRAFT SCHEDULE

| Draft Date | May 15 | | Jun 1 | | Jun 15 | | Jul 1 | | Jul 15 | | Aug 1 | |
|----------------|-----------|---------|-----------|-----------|-----------|---------|----------|-----------|-----------|--------------|---------|-----------|
| Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Services Date | May 28-31 | Jun 3-7 | Jun 10-14 | Jun 17-21 | Jun 24-28 | Jul 1-5 | Jul 8-12 | Jul 15-19 | Jul 22-26 | Jul 29-Aug 2 | Aug 5-9 | Aug 12-14 |
| Balance Amount | | | | | | | | | | | | |

4. BANK / CREDIT / DEBIT DRAFT AGREEMENT

OPTION 1: CREDIT / DEBIT CARD

| | |
|---|-----------|
| Please check one: <input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> discover | |
| Credit / debit card # | Exp. date |
| Cardholder name | CVV |

OPTION 2: BANK DRAFT

| | |
|---------------------|----------------|
| Account holder name | Bank name |
| Routing / transit # | Bank account # |

- ▶ Only 1 Form of Draft Payment can be entered per person.
- ▶ Children enrolled in Y Afterschool may have a larger draft amount on May 15 & Aug 1.

1. Summer Camp auto-drafts occur twice a month (1st and 15th) for two camp weeks at a time, depending on which camp weeks are selected. Refer to Step #3 above.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
6. The Y only accepts Visa, MasterCard and Discover.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

| | |
|---|------|
| Signature  | Date |
|---|------|